

CAREFUL ANTIBIOTIC USE

When parents request antibiotics for rhinitis or the “common cold”... Give them an explanation, not a prescription.

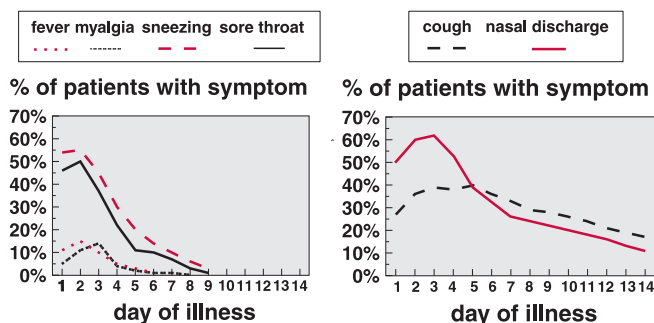
RHINITIS VERSUS SINUSITIS

Remember:

Children have 2-9 viral respiratory illnesses per year.¹

In uncomplicated colds, cough and nasal discharge may persist for 14 days or more – long after other symptoms have resolved

Duration of symptoms in 139 rhinovirus colds²



Controlled studies do not support antibiotic treatment of mucopurulent rhinitis.³

Antibiotics do not effectively treat URI, or prevent subsequent bacterial infections.⁴

Don't overdiagnose sinusitis

Though most viral URIs involve the paranasal sinuses, only a small minority are complicated by bacterial sinusitis.

Avoid unnecessary treatment by using strict criteria for diagnosis:⁵

Symptoms of rhinorrhea or persistent daytime cough lasting more than 10 - 14 days without improvement.

or

Severe symptoms of acute sinus infection:

- fever (> 39 C) with purulent nasal discharge
- facial pain or tenderness
- periorbital swelling

Treating sinusitis:

■ Target likely organisms with first-line drugs:

Amoxicillin, Trimethoprin-sulfa⁵

■ Use shortest effective course:

Should see improvement in 2-3 days. Continue treatment for 7 days after symptoms improve or resolve (usually a 10 - 14 day course).⁶

■ Consider imaging studies in recurrent or unclear cases:

But remember that some sinus involvement is frequent early in the course of uncomplicated viral URI - so interpret studies with caution.

Share the CDC/AAP principles and pamphlets with parents to help them understand when antibiotic treatment risks outweigh the benefits.

- rhinorrhea, fever, and cough are symptoms of viral URI
- changes in mucous to yellow, thick, or green are the natural course of viral URI, NOT an indication for antibiotics.⁷
- treating viral URI will not shorten the course of illness or prevent bacterial infection.⁴

References

1. Monto AS, Ullman BM. Acute respiratory illness in an American community. JAMA 1974;227:164-169.
2. Gwaltney JM, Hendley JO, Simon G, Jordan WS. Rhinovirus infections in an industrial population. JAMA 1967;202:158-164.
3. Todd JK, Todd N, Damato J, Todd WA. Bacteriology and treatment of purulent nasopharyngitis: a double blind, placebo-controlled evaluation. Pediatric Inf Dis J 1984;3:226-232.
4. Gadoski AM. Potential interventions for preventing pneumonia among young children: lack of effect of antibiotic treatment for upper respiratory infections. Pediatr Infect Dis J 1993;12:115-120.
5. Wald E. Sinusitis in Children. N Engl J Med 1992;326:319-23.
6. O'Brien KL, Dowell SF, Schwartz B, et al. Acute sinusitis – principles of judicious use of antimicrobial agents. Pediatrics. In press.
7. Wald ER. Purulent nasal discharge. Pediatr Infect Dis J 1991; 10:329-333.